OLR Bill Analysis

sSB 234

AN ACT CONCERNING CERTAIN SOCIAL SERVICES PROGRAMS.

SUMMARY:

This bill:

1. establishes the Community Choices program to assist the elderly, people with disabilities, and their caregivers in gathering information and making long-term care decisions;

2. changes eligibility requirements, funding, and participation levels for the Department of Social Services (DSS)-administered home care program for people with severe disabilities (the so-called "Katie Beckett" waiver);

3. requires all municipalities to appoint a municipal agent for the elderly and gives the agents discretion regarding their duties;

4. adds to the information health insurance-related entities must provide DSS to assist the department in locating people enrolled in Medicaid who also have other insurance;

5. directs to DSS certain third party beneficiary payments that would otherwise have been disbursed to policy holders when the insured is indebted to the department; and

6. permits certain Bureau of Rehabilitative Services employees to purchase state pension credits.

It also repeals (1) a provision allowing the Department of Administrative Services to deposit Riverview Hospital Medicaid payments in a nonlapsing General Fund account for DSS to pay Medicaid claims and (2) a DSS personal care assistance home-care pilot program for the elderly made unnecessary by the department's

implementation of a statewide waiver.

EFFECTIVE DATE: Upon passage; except the provision concerning the Katie Beckett waiver, which is effective July 1, 2012.

§ 1 — COMMUNITY CHOICES

The bill directs DSS to develop and administer a statewide Community Choices program. It is intended to provide a single, coordinated information and access program for individuals seeking long-term support, such as in-home, community-based, and institutional services. The program must serve consumers including (1) elders at least age 60, (2) those over age 18 with disabilities, and (3) caretakers. The bill designates the state's Disability Resource Center under the federal Older Americans Act (PL 109-365) as the Community Choices program. Three state municipalities currently operate such programs.

Program Requirements and Procedures

The DSS commissioner must establish program requirements and procedures within available resources. These include:

1. information, referral, and assistance about aging and disability issues and long-term care planning;

2. comprehensive assessments to identify possible consumer needs or desires;

3. counseling for obtaining (a) employment or employment-related services, (b) screening for public benefits and private resources, and (c) information on long-term care planning;

4. follow-up to ensure consumer referrals were appropriate and offer additional assistance and individual advocacy as needed;

5. support to consumers making decisions about current and future supports and services;

6. coordination of transitions between care providers or sites;

7. preparation and distribution of written materials about the program's services;

8. maintenance of a toll-free telephone number;

9. assistance in improving and managing the program and measuring responsiveness of care systems;

10. assistance needed to conform to federal and other grant requirements; and

11. other related services.

Contracts and Regulations

The bill requires the commissioner to establish contracting procedures and allows him to adopt implementing regulations in conformance with the Uniform Administrative Procedure Act.

§ 2 — KATIE BECKETT WAIVER

The DSS commissioner currently administers a Medicaid program for severely disabled individuals of any age that includes a waiver for those whose parents' or legally liable relatives' income and assets exceed Medicaid's limits. The program counts only the participant's income and assets (up to 300% of the Social Security Income rate and $1,000, respectively).

The current program must fund at least 125 slots for those who require a level of care at home that is typically provided in a hospital, nursing home, or intermediate care facility for the mentally retarded. The waiver includes an additional 75 slots that DSS can fill within available appropriations; approximately 55 of these are filled.

The bill updates the reference to the waiver provision in the Social Security Act to § 1915(c), the Home and Community-Based Services waiver provision. It makes the entire Katie Beckett program subject to available appropriations and eliminates the ceiling on the number of participants. It also restricts eligibility to those under age 22 but expressly opens the program up to those of any age who (1) are

currently institutionalized but want to be cared for at home or (2) have co-occurring developmental disabilities.

§ 3 — MUNICIPAL AGENT FOR THE ELDERLY

Current law requires municipalities to have an appointed municipal agent for the elderly if a local ordinance requires it. Under the bill, one must be appointed even if the town has no such ordinance. Agents perform functions to assist elders in learning about community resources and filing for benefits; they are also required to submit annual reports to state and local government officials. DSS generally oversees their performance and, in conjunction with area agencies on aging, provides basic training about such things as simple bookkeeping and available housing resources.

The bill removes an elected state official from the list of those who can be appointed town agents, leaving as eligible a (1) member of a municipal agency for the elderly or (2) municipal resident with a demonstrated interest in the elderly or programs for the aged. It makes agents' functions discretionary and replaces their annual written reports with a requirement that they report to the town's chief elected official or executive officer and DSS on consumers' needs and problems along with recommendations for improving elderly services.

DSS

Under the bill, DSS is no longer required to ensure that municipalities are carrying out their legal responsibilities and neither they nor the area agencies on aging are required to provide training unless they have the resources to do so. The department's remaining responsibility is to adopt and disseminate guidelines concerning the agents' roles and duties and informational and technical materials that will assist them.

§ 4 — INVESTIGATING MEDICAID PARTICIPANTS FOR OTHER HEALTH INSURANCE

The law requires health insurers, including self-insured plans, group plans regulated by federal law, service benefit plans, managed care organizations, health care centers, and entities that perform

administrative services for them, to provide the DSS commissioner or a designee information about a policy-holder's transactions when presented with an official, written request to do so. DSS prescribes the format for presenting the information and uses it to identify, determine, or establish Medicaid beneficiaries with other (third party) insurance. The bill adds third-party administrators to those that must supply this information.

Currently, the information DSS requires is any coverage period for a person, his or her spouse or dependant; covered services; the name and address (presumably of the insured), and plan's identifying number. The bill adds date of birth, Social Security number, plan type, services covered, and policy effective and termination dates. The department may request this information of any legal entity described above. Responses are due not later than 90 days after the department's initial request and at least monthly thereafter.

Automated Data Matches

Current law requires any of the entities described above to either conduct or allow the DSS commissioner or his designee to conduct automated data matches to identify parents and minor children with overlapping coverage. The commissioner reimburses the insurer for its reasonable, documented costs when it performs this function for DSS. Under the bill, only the department can perform this function.

§ 5—DSS RECOVERIES OR CLAIMS FOR INDEMNIFICATION

When anyone applies to DSS for assistance, he or she or a legally liable relative makes DSS automatically entitled to any right of recovery they have from third parties, including those providing health care items or services. The bill adds third party administrators to the entities whose payments are passed through to DSS. These are organizations that process insurance claims or certain aspects of employee benefit plans for a separate entity. The bill also specifies that DSS's right to recovery or indemnification is not affected by the insured's failure to comply with prior authorization rules (i.e., to get the insurer's permission before undergoing certain types of procedures). The law specifies other procedural errors that will not

negate DSS's right to payment.

§ 9—PURCHASING RETIREMENT CREDITS

The bill allows full-time, unclassified employees of the state's Bureau of Rehabilitative Services to purchase retirement credits for teaching or administrative work directly involved in educational activities performed in another state's equivalent institution that does not provide pension benefits. Two ways to qualify are to have worked (1) full-time in a teaching, administrative, or research position in or under the authority of another state's department of education or a federally-approved department of education for the blind or (2) in such institution in which some or all of the employee's work was performed abroad.

Payments

Qualified personnel can gain up to 10 years' credit for prior service by paying 6% of their starting pay per additional year. Payment is due within the first year of full-time state employment. Upon retirement, not more than one year of the credited service counts for each two years of state service. The state repays any amount on excess years of service purchased.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute
Yea 17 Nay 0 (03/13/2012)